

INITIAL APPLICATION FOR RESPIRATORY CARE PROFESSIONAL LICENSURE - CHECKLIST

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. Do not submit two-sided copies of the application or documentation. For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.

- ☐ **APPLICATION PAGES 1 – 4 – Please complete.** Attach to Page 1 your check/money order for \$75 made payable to: Georgia Medical Board.
- ☐ **CV/RESUME**
The Georgia Composite State Board of Medical Examiners requires that applicants for licensure provide Curriculum Vitae. This document should be a chronological representation of all **education and employment, including your present position.** **Give a complete chronological accounting of any gaps in training or experience.**
- ☐ **FORM A - EDUCATION VERIFICATION FORM**
Forward this form directly to your Respiratory Therapy Program for completion and request that the form be mailed directly to the Medical Board.
- ☐ **FORM B - REFERENCE FORM**
In order for the Composite State Board of Medical Examiners to adequately evaluate the applicant to practice as a Respiratory Care Practitioner in the State of Georgia, a reference form is required. The reference form must be completed and signed by a **licensed physician** with whom the **applicant practices with at the time of application, or who is in charge of the Respiratory Program.** This form must be mailed **directly from the physician to the Medical Board.**
- ☐ **FORM C - LICENSURE VERIFICATION FORM**
This form should be sent to each state where you hold or have held a license/certificate to practice Respiratory Care. **Copy this form and send it to each medical state licensing board and request that state verification be sent directly to the Georgia Board.**
- ☐ **FORM D - NBRC CREDENTIALS VERIFICATION FORM**
Complete this form and send directly to the National Board for Respiratory Care. Request that this form be sent directly to the Medical Board.
- ☐ **FORM E - CHANGE OF MEDICAL DIRECTOR FORM**
This form should be completed by your Medical Director and sent directly to the Georgia Medical Board.
- ☐ **FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:**

If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. **Only those applicants who can provide proof will be granted a license.** The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.

In order to confirm your status with the SAVE program, you need to provide the board with **legible** copies of **one** of the following document(s):

1. Valid (not expired) foreign passport with I-94 or I-551
2. Temporary resident alien card (I-688)
3. Permanent resident alien card (I-551)
4. Employment Authorization Card (I-766) or (I-688A)
5. Employment Authorization Document (I-688B)
6. Refugee Travel Document (I-571)
7. Reentry Permit (I-327)
8. Certificate of Citizenship
9. Naturalization Certificate
10. Machine Readable Immigrant Visa (with Temporary I-551 Language)
11. Temporary I-551 Stamp (on passport of I-94)
12. I-94 (Arrival/Departure Record)
13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Please be sure that copies of any submitted documents are legible. Use a good quality copier and increase the size of the copy if need be. If the following information is needed, it must be legible: Alien Number; Card Number; Document Expiration Date; SEVIS ID Number. One or all of these numbers or dates may be required when we submit your information to SAVE. If we cannot read what you have submitted, we will be unable to submit your information to the SAVE program, which will delay the consideration of your application.



FORM F - AFFIDAVIT OF APPLICANT

Read this form in its entirety and complete all areas. **A current passport photo is required to complete this form.** Do not submit photos from digital reproductions, magazine, yearbook, wedding, birthday, family outing, etc. Take this form to a notary public for witness of your signature. **The applicant's signature date and the notary signature date must match. No whiteouts or strikeouts are accepted.**



NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)

These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope – send the envelope, unopened, directly to the Board along with your application packet. Altered envelopes which contain official, original, certified official documents will not be accepted.**

You do not have to submit this NPDB-HIPDB report if:

- **You are presently unlicensed in any state;**
- **You have only held a temporary, limited or training license.**
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MILITARY DISCHARGE FORM.

If you served in the Armed Forces and received a discharge (honorable or dishonorable), provide the Medical Board with a copy of the discharge form.